

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

CERTIFICATE OF DEATH

Reg. Dist. No. 2520

1. PLACE OF DEATH:

County Queen Anne's
 City or town Centerville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Penn. County
 City or town Philadelphia
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 2834 N. Main St
 (If rural, give LOCATION)
 2(a) If veteran, name war

3. (a) FULL NAME

Mary Charles Anthony

3. (b) Social Security Number

none

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife William David Anthony
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) Oct. 17-1860
 8. AGE: Years 86 Months 0 Days 22 It less than one day _____ hrs. _____ min.

9. Birthplace Myers Mills, Talbot Co. Md.
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business Retired

FATHER 12. Name Francis Anthony Bartlett
 13. Birthplace Caroline Co. Maryland
MOTHER 14. Maiden name Maria Jane Stack
 15. Birthplace Caroline Co. Maryland
 16. Informant Mrs Lloyd Stackey
 Address Centerville, Maryland
 17. Buried Date thereof Nov-12-46
 (Burial, cremation, or removal, which?) (month) (day) (year)
 Cemetery or crematory Chestersfield
 Location Centerville, Maryland
 18. Funeral director Barton Bros
 Address Centerville Maryland
 19. 11-12-46 Elaine Armstrong
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 9. 19 46 at 11:30 PM
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 10- 19 46 to Nov 9- 19 46
 and that I last saw her alive on Nov 9. 19 46
 Immediate cause of death

Cerebral Hemorrhage DURATION 3 weeks
 Due to
 Due to
 Other conditions Fangrene of left foot
 (Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of Injury Injured at work?

23. SIGNATURE W. Henry Fisher M. D. or other
 Address Centerville Md Date signed 11/11-46

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH:

County Queen Anne
City or town Centerville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6 years
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Della Bailey

3. (b) Social Security Number

4. Sex F 5. Color or race Col 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Robert Bailey

6. (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) Apr. 27th 1898

8. AGE: 48 Years 5 Months 8 Days If less than one day hrs. min.

9. Birthplace Mar Queen Anne Co. Md.
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business

12. Name Ashbury Thomas

13. Birthplace Maryland

14. Maiden name Lena F. Thomas

15. Birthplace Maryland

16. Informant Dr. J. H. Wilkins

Address 1111 Pikesburg, Md.

17. Burial Date thereof 11-4-46
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Saulton

Location Map Hillsboro Rd

18. Funeral director J. H. Wilkins

Address 1111 Pikesburg, Md.

19. 11-4- 46 Elin Armstrong
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Md County Queen Anne
City or town Centerville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2. (a) if veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 4 1946, at 2:35 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1 1946, to Nov 4 1946, and that I last saw him alive on Nov 3 1946

Immediate cause of death Cerebral Haemorrhage DURATION 4 days

Due to Hypertension Cerebral Vascular Disease unknown

Due to

Other conditions no

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. P. Layton MD M. D. or other

Address Centerville Md Date signed 11-4-46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

11282

2520

1. PLACE OF DEATH

County Queen Anne'sCity or town Northampton
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State Md County Queen Anne'sCity or town Barclay
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Sharon Edward Benton

3. (b) Social Security Number

none

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife

6.(c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

Aug 1862

8. AGE:

84

Months

Days

If less than one day

hrs. min.

9. Birthplace

Maryland
(City, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

unknown

13. Birthplace

unknown

MOTHER

14. Maiden name

unknown

15. Birthplace

unknown

16. Informant

Mr. Edith Benton

Address

1202 West St. Wilmington, Del.

17.

(Burial, cremation, or removal, Where?)

Date thereof

Nov 13 1946
(month) (day) (year)

Cemetery or crematory

Budhys Cemetery

Location

Map Budhysville, Md.

18. Funeral director

Edward Sellow

Address

Millington Md

19.

(Date rec'd by registrar)

1946

Elise Cemetery
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-10 19 46, at 11 9 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 1 19 45 to 11-10 19 46and that I last saw him alive on 11-9 19 46

Immediate cause of death

Heart

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

23. SIGNATURE

H. J. Mestura
M. D. or other
Address Baltimore Date signed 11/12/46

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 18600

CERTIFICATE OF DEATH

11452

Reg. Dist. No. 2510

1. PLACE OF DEATH

County St. Mary's
 City or town St. Mary's
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 24 years
 Hospital, institution, or street address where death occurred:
St. Mary's Hospital, St. Mary's, Md.

How long in hospital or institution? 24 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County St. Mary's
 City or town St. Mary's
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 100
 (If rural, give LOCATION)

2.(a) If veteran, name war ✓

3. (a) FULL NAME

John S. Burdick

3. (b) Social Security Number

4. Sex Male5. Color or race White6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife John S. Burdick7. Birth date of deceased (mo., day, yr.) June 9, 1865

8. AGE: Years 81 Months 5 Days 11 If less than one day
 hrs. min.

9. Birthplace Delaware
(Town, county, and state)10. Usual occupation Farmer11. Industry or business Farmer12. Name John S. Burdick13. Birthplace Delaware14. Maiden name Mary Hall15. Birthplace Delaware16. Informant John S. BurdickAddress St. Mary's Hospital17. (Burial, cremation, or removal, Which?) Burial Date thereof Nov 23, 1946
(month) (day) (year)Cemetery or crematory Church HillLocation Church Hill Ind.18. Funeral director Edgar S. LaneAddress Church Hill Ind.19. Nov 20 19 46 Edgar S. Lane
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 20, 1946 at 7:45 M

I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 25, 1946, to Nov 19, 1946

and that I last saw him alive on Nov 19, 1946

Immediate cause of death PneumoniaDue to Exposure from

a fall

Due to Stomach WeaknessOther conditions Febrile

(include pregnancy within 8 months of death)

Major findings of operations NoneDate of op. NoneAutopsy results ✓

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ✓ Date of Nov 20, 1946Where did injury occur? Church Hill (City or town) (County) (State)Injured at home, farm, industry, public place (where?) ✓Means of injury Stomach Weakness Injured at work? ✓23. SIGNATURE Edgar S. Lane M. D. or other Nov 20Address Church Hill Date signed Nov 20

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

★ 11283

2520

1. PLACE OF DEATH:

County Queen Anne's
 City or town Rural Centerville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 11 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Queen Anne's
 City or town Rural Centerville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Mary Ada Bryan

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) September 25, 1910

8. AGE: Years 36 Months 1 Days 23 If less than one day _____ hrs. _____ min.

9. Birthplace W. Denton 2d Co. Md.
 (Town, county, and state)

10. Usual occupation

11. Industry or business

Kept home for father
Richard Carter Bryan

12. Name Richard Carter Bryan
 13. Birthplace Queenstown Maryland

14. Maiden name Mary Green

15. Birthplace in Centerville, Maryland
Richard Carter Bryan

16. Informant Richard Carter Bryan

Address R. 70, Centerville Maryland

17. Burial Date thereof Nov. 21-46
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Chestersfield
 Location Centerville Maryland

18. Funeral director Barton Bros
 Address Centerville Maryland

19. 11-19- 19 46 Elise Armstrong
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 19- 19 46 at 1:15 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

_____ 19 _____ to _____ 19 _____
 and that I last saw him _____ alive on _____ 19 _____

Immediate cause of death

Suicide

DURATION

Due to _____

Due to _____

Shot herself in region of
heart with 380 Smith

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations

_____ Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE

W. Henry Fisher
Centerville Md. Date signed 11/19.46

ANTHONY LEEGER

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NOV 29 1946
BUREAU 78
2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (21-2)

CERTIFICATE OF DEATH

Reg. Dist. No. 11284 YS10

1. PLACE OF DEATH:

County... Queen Anne
 City or town... Ruthsburg
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Clifford Dean Sr

4. Sex... Male 5. Color or race... White 6. (a) Single, married, widowed, or divorced... Widowed

6. (b) Name of husband or wife... Mary E. Dean

6. (c) If alive, give age... years

7. Birth date of deceased (mo., day, yr.)... Aug. 13 - 1867

8. AGE: Years... 79 Months... 3 Days... 0 If less than one day... hrs. min.

9. Birthplace... Queen Anne Co. Md.
 (Town, county, and state)

10. Usual occupation... Retired farmer

11. Industry or business

12. Name... Clifford Dean13. Birthplace... Maryland14. Maiden name... Catherine Taylor15. Birthplace... Maryland16. Informant... Howard A. DeanAddress... Ruthsburg Md.

17. Burial... Burial Date thereof... Nov. 17 - 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... BentonLocation... Benton Md.18. Funeral director... Edgar L. LaneAddress... Church Hill Md.

19. Nov. 15 19 46 Edgar L. Lane
 (Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Md. County... Queen Anne

City or town... Ruthsburg
 (If outside city or town limits, write RURAL and give nearest town)

Street No.
 (If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH... Nov 13 19 46 at 5:15 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 20 19 45 to Nov 13 19 46

and that I last saw him alive on Nov 11 19 46

Immediate cause of death... Chronic hypertension & heart

Due to... Stroke

Due to... Stroke

Other conditions... Stroke

(Include pregnancy within 3 months of death)

Major findings of operations... Stroke

Date of op.

Autopsy results... Stroke

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Stroke Date of... Nov 13 19 46

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... Dr. M. D. or other

Address... St. Mary's Date signed... 11/15/46

MASSACHUSETTS DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECORDED
NOV 27 1946
BUREAU OF VITALS

2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 948

CERTIFICATE OF DEATH

★11285

Reg. Dist. No. 2510

1. PLACE OF DEATH

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

6. (c) If alive, give age... years

7. Birth date of deceased (mo., day, yr.)

8. AGE

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19. Nov. 4

(Date rec'd by registrar)

19. 46

Edgar L. Lane

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name was

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

Nov 30 1946 at 4 P. M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Sept 19 1946 to Nov 30 1946

and that I last saw him alive on

Nov 30 1946

Immediate cause of death

DURATION

Due to

Due to

Other condition

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

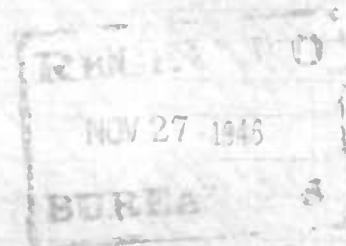
M.D. or other

Address

Date signed

MASSACHUSETTS DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

Reg. Dist. No. 2510

1. PLACE OF DEATH:

County Ind.
 City or town Bardonia
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 1/2 days
 Hospital, institution, or street address where death occurred: —
 How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ind. County 92
 City or town Bardonia
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. —
 (If rural, give LOCATION)
 2.(c) If veteran, name war —

3. (a) FULL NAME

John Nelson Padwin

3. (b) Social Security Number

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Rebecca Padwin

7. Birth date of deceased (mo., day, yr.)

Aug 16 18936. (c) If alive, give age — years

8. AGE:

Years

Months

Days

It less than one day

73

hrs.

min.

9. Birthplace

Pa. Co.
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

FATHER

12. Name

Frank Padwin

13. Birthplace

Ind.

14. Maiden name

Rebecca Padwin

15. Birthplace

Ind.

16. Informant

John Nelson Padwin

Address

Bardonia Ind.

17. (Burial, cremation, or removal, which?)

Date thereof

Dec. 4 1946
(month) (day) (year)

Cemetery or crematory

Templeville

Location

Templeville Ind.

18. Funeral director

Edgar L. Lane

Address

Church Hill Ind.

19. (Date rec'd by registrar)

Dec. 346Edgar L. Lane

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 30 1946 at 3:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 1942 to Dec 30 1946and that I last saw him alive on Dec 25 1946Immediate cause of death Hypertensive Pulmonary

DURATION

Due to Coronary Thrombosis3 daysDue to Chronic Hypertension

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

D. N. Galt

M. D. or other

Address

Edgemoor Ind.Date signed 12/3/46

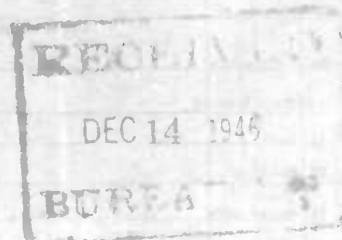
MASSACHUSETTS STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH



2-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-2)

CERTIFICATE OF DEATH

Reg. Dist. No.

11286
12530

1. PLACE OF DEATH:

County Queen Anne's
 City or town Chester
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 76 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

William G. Timmus Jr.

3. (b) Social Security Number

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) March 11, 1870
 8. (c) If alive, give age years

8. AGE: Years 76 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Chester Md.
 (Town, county, and state)

10. Usual occupation farmer (retired)

11. Industry or business

12. Name William G. Timmus

13. Birthplace

14. Maiden name Amanda Elisa Legg

15. Birthplace Chester Md.

16. Informant Amya Elizabeth Timmus

Address Chester Md.

17. Burial Date thereof Nov 11 - 46

(Burial, cremation, or removal of body) (month) (day) (year)

Cemetery or crematorium Stevensville

Location Stevensville Md.

18. Funeral director Edgar & Lane

Address Church Hill Md.

19. Nov 11, 1946 Registrar Elizabeth H. Kent

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Queen Anne's
 City or town Chester
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 9 1946, at 12 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 21 1946, to Nov. 9 1946, and that I last saw him alive on Nov. 9 1946.

Immediate cause of death Cerebral Thrombosis

Due to Arteriosclerosis

myodegeneratio cordis

Due to interstitial nephritis

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Theodor Sattelmeier M.D.

Address Stevensville Date signed 11/9/46

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 13 1946
BUREAU

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for the addition
of color is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

★/11287

FILM No. I O 8 DEC 5 1946

CERTIFICATE OF DEATH

Reg. Dist. No. 2510

1. PLACE OF DEATH:

County Queen Annes County
City or town Church Hill
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 30 minutes
Hospital, institution, or street address where death occurred:
Church Hill
How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Queen Annes
City or town Church Hill
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2. (a) If veteran, name war _____

3. (a) FULL NAME

Baby TURNER

3. (b) Social Security Number

4. Sex Female 5. Color white 6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

None

6. (c) If alive, give age _____ years

7. Birth date of
deceased (mo., day, yr.)

Nov. 7, 1946

8. AGE:

Years _____ Months _____ Days _____ If less than one day
30 min. Hrs. 30 min.

9. Birthplace

Church Hill

(Town, county, and state)

10. Usual occupation

None

11. Industry or business

None

FATHER
MOTHER

12. Name

Charles Edwin TURNER

13. Birthplace

Caroline County, MD.

14. Maiden name

Frances Catherine BIGGERS

15. Birthplace

Cecil County, MD.

16. Informant

MRS. Edwin TURNER

Address

Church Hill, MD.

17.

(Burial, cremation, or removal. Which?)

Date thereof

Nov. 8, 1946
(month) (day) (year)

Cemetery or crematory

Private Burial ground

Location

Church Hill, Md.

18. Funeral director

Edgar L. Lane

Address

Church Hill, Md.

19.

(Date rec'd by registrar)

Nov. 7, 1946

Edgar L. Lane

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Nov. 7

1946 at 3 30 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov. 7

1946

to Nov. 7

1946

and that I last saw her alive on

Nov. 7

1946

Immediate cause of death

Premature birth

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

None

Date of op.

Autopsy results

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

No

Date of

Where did injury occur?

None

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

None

Means of injury

None

Injured at work?

None

23. SIGNATURE

Frederick H. [Signature]

M. D. or other

Address

1003 [Address]

Date signed Nov 7/46

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED
NOV 27 1946
BUREAU

2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 30-1

CERTIFICATE OF DEATH

Reg. Dist. No. 11288 2530

1. PLACE OF DEATH:

County... Anne'sCity or town... Chester (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Anne'sCity or town... Chester (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Jacob Burton Wicks

3. (b) Social Security Number

4. Sex

male

5. Color or race

Col.

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

July 11 - 1886

8. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

60326

hrs.

min.

9. Birthplace

Chester Md.

(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

FATHER

12. Name

John Wicks

13. Birthplace

Md.

MOTHER

14. Maiden name

Florence Clayton

15. Birthplace

Md.

16. Informant

Address

Florence WicksChester Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

Nov 9 - 46
(month) (day) (year)

Cemetery or crematory

Cemetery

Location

Chester Md.

18. Funeral director

Address

Samuel A. Henry
Cambridge Md.

19. Nov. 9

(Date rec'd by registrar)

19. X6

Elizabeth A. Hester
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Nov. 619. 46 at 2 9 10 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

about 11Nov. 6

to

Nov. 619. 46

and that I last saw him alive on

Nov. 519. 46

Immediate cause of death

Aneurysm of Aorta

Due to

latent liver (liver)

Due to

arteriosclerosis

Other conditions

Nephrosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

Benjamin Sattelmeyer M.D.
Heverlyville

M. D. or other

Date signed

Nov. 6, 1946

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

NAME OF DECEASED

AGE

SEX

RACE

DATE OF DEATH

PLACE OF DEATH

Cause of Death

Signature of Physician

Signature of Registrar

Signature of Coroner

Signature of Medical Examiner

Signature of Nurse

Signature of Chaplain

Signature of Minister

Signature of Priest

Signature of Rabbi

Signature of Imam

Signature of Minister of Religion

Signature of Minister of Education

Signature of Minister of Social Work

Signature of Minister of Health

Signature of Minister of Justice

Signature of Minister of Agriculture

Signature of Minister of Commerce

Signature of Minister of Labor



1-35